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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/ 539,834 |
| | Filing Date | March 31, 2000 |
| | First Named Inventor | Todd Siegel |
| | Group Art Unit | 3721 |
| | Examiner Name | Sameh Tawfik |
| Total Number of Pages in This Submission | Attorney Docket Number | 00632649 |

| ENCLOSURES (check all that apply) | | |
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| Firm or Individual name | Robert J. Depke, Holland & Knight LLC 55 West Monroe Street, Suite 800, Chicago, IL 60603 |
| Signature | |
| Date | 10/21/02 |

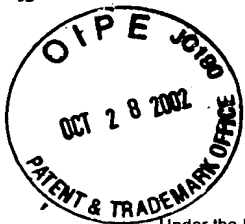
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TOTAL AMOUNT OF PAYMENT (\$) 200.00

Complete if Known

| | |
|----------------------|----------------|
| Application Number | 09/ 539,834 |
| Filing Date | March 31, 2000 |
| First Named Inventor | Todd Siegel |
| Examiner Name | Sameh Tawfik |
| Group Art Unit | 3721 |
| Attorney Docket No. | 00632649 |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|-----------------------------------|--------------|----------|----------|--|----------|-----------------|----------|-----|-----|-----|-----|--|--|------------------------|--|-----|-----|-----|-----|--|--|-----------------------------------|--|-----|-----|-----|-----|--|--|---------------------------------------|--|-----|-----|-----|-----|--|--|--|--|-----|-----|-----|----|--|--|--|--|--------------|--|--|--|--|--|--|------|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 501794 Deposit Account Name: Holland & Knight LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | 3. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. BASIC FILING FEE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td></td><td></td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td></td><td></td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td></td><td></td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td></td><td></td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td></td><td></td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="7">SUBTOTAL (1)</td><td>0.00</td></tr></tbody></table> | | Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | 101 | 740 | 201 | 370 | | | Utility filing fee | | 106 | 330 | 206 | 165 | | | Design filing fee | | 107 | 510 | 207 | 255 | | | Plant filing fee | | 108 | 740 | 208 | 370 | | | Reissue filing fee | | 114 | 160 | 214 | 80 | | | Provisional filing fee | | SUBTOTAL (1) | | | | | | | 0.00 | | |
| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 740 | 201 | 370 | | | Utility filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 330 | 206 | 165 | | | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 510 | 207 | 255 | | | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 740 | 208 | 370 | | | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 160 | 214 | 80 | | | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity | Small Entity | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 | | | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 84 | 202 | 42 | | | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 280 | 204 | 140 | | | Multiple dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 84 | 209 | 42 | | | ** Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 | 9 | | | ** Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | | | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *or number previously paid, if greater; For Reissues, see above | | *Reduced by Basic Filing Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | SUBTOTAL (3) (\$) 200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SUBMITTED BY | | Complete (if applicable) | |
|-------------------|-----------------|-----------------------------------|------------------|
| Name (Print/Type) | Robert J. Denke | Registration No. (Attorney/Agent) | 37,607 |
| Signature | | Telephone | (312) 236-3600 |
| | | Date | October 21, 2002 |

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